

Rev. 12/2018

Jun 13, 2022

SEAN F. MCAVOY, CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTONMILAN Richard HAVLIK Junior #119364
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 2:22-CV-0096-TOR
(leave blank – for court staff only)Bill RobertsRandal clineTammi Denney*Defendant's/defendants' full name(s)*FIRST AMENDED
PRISONER CIVIL RIGHTS
COMPLAINT

Defendant(s).

Jury Demand?

☒ Yes☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

<div style="display: flex; justify-content: space-between;"> HAYLIK MILAN Richard Junior </div>		
Name (Last, First, MI)	Aliases/Formal Names	
<div style="display: flex; justify-content: space-between;"> 119384 </div>		
Prisoner ID #		
<div style="display: flex; justify-content: space-between;"> Okemogon County Jail </div>		
Place of Detention		
<div style="display: flex; justify-content: space-between;"> 1494th AVE North </div>		
Institutional Address		
<div style="display: flex; justify-content: space-between;"> Okemogon WA 98840 </div>		
County, City	State	Zip Code

Indicate your status:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Pretrial detainee
<input type="checkbox"/> Civilly committed detainee
<input type="checkbox"/> Immigration detainee | <input type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Convicted and sentenced federal prisoner |
|---|--|

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1: Roberts Bill
 Name (Last, First)
Sgt. of Okanogan County Jail
 Current Job Title
149 4th AVE North
 Current Work Address
Okanogan WA 98840
 County, City State Zip Code

Defendant 2: Cline Randal
 Name (Last, First)
Sgt. of Okanogan County Jail
 Current Job Title
149 4th AVE North
 Current Work Address
Okanogan WA 98840
 County, City State Zip Code

Defendant 3: Denney, Tammi
 Name (Last, First)
Chief of corrections Okanogan County Jail
 Current Job Title
149 4th AVE North
 Current Work Address
Okanogan WA. 98840
 County, City State Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 First Amendment Free Exercise clause, by Sgt. Randal Cline
Sgt. Bill Roberts, Tammi Denney chief of corrections & I

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 In 2022 Feb 9 Milan Havlik Junior a detainee at Okanogan county Jail who
is a orthodox Jew and Follows Judaism, In the month of March wanted to observe
the Jewish holiday / Festival of Passover, unleavened bread and First Fruits. central
Requirements is Kosher meals and no Yeast In or Around foods or preparation area

1.3 which Havlik was not Provided. Further Havlik has Not been able to Practise

Page 4 of 9

Judaism successfully As Kosher Dietary law 'Tenants' is a central part of faith

- A Kosher diet is not being given to him. Although in recent history similar faiths have been given a Kosher diet which is supported in document 2 Line 142 by Appeal coordinator Tammi Denney when she said we have no problem accommodating those requesting a proven dietary Restriction on Grievance Appeal which she recommended to Sgt. Bill Roberts which approved a Kosher diet on 3-17-22. Sgt. Randal Cline also confirms this finding in document 1 Line 13-16 on 6-5-22. As he gives me document 1.4 I again try to resolve Kosher dietary criteria. Sgt. Randal Cline assures me he as well as involved staff are well versed in Kosher dietary requirements & procedures as religious Kosher meals have been provided to detainees with proven dietary Restrictions "Kosher" as Tammi Denney stated in Document 2 Line 142 (meaning Kosher) Further discussion 1.5 on how to resolve this and maintain Tenants of A Kosher diet. Expressing Kosher laws do not deal simply with whether a food item does or does not contain Pork or other Non Kosher animal by products. Kosher laws govern not only the ingredients (both animal & vegetable) but the source storage and preparation of those ingredients and the service of the meals. As a Vegetarian or Least Restrictive No pork diet prepared in 1.6 a non Kosher Kitchen is not Kosher. See Ashelman v. Wawrzaszek III F.3d 674, 675 & 2nd Cir 1997 Also Gerald F. Masoudi, Kosher Food Regulations & Religious clauses of the First Amendment 60 U. Chi. L. REV 667, 668, 1993

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

- 1.7 Dental trauma, Grinding of teeth caused 2 to break. Now Take heavy Pain medication 500 mg naproxen caused by hunger, malnutrition as I am unable to get a balanced nutritional Diet for over 4 months Now weight Loss, Emotional stress, hair loss, mental Break down from Separation of God.

COUNT II

Identify the second right you believe was violated and by whom:

2.1 First Amendment Establishment clause & 14th Amendment Protection of Religion violated by Randal cline, Bill Roberts, Tammi Denney chief of center

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 Kosher meals Are provided to some and Not others
with proven dietary needs, but Not to other denominations
or Kosher Related Religions or Sections of Judaism
As Tammi Denney, Randal cline and Bill Roberts
Are Aware I am Jewish and Awarded A Kosher
diet (And Not Providing It) And Agree they are Able to
provide IT Document 2 Line 182. with people with
proven Dietary NEEDS. But Pick and choose who
And What Denominations Get them.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

2.3 Grinding of teeth from hunger Pains caused 2 broken teeth with cause constant Pain still. malnutrition continuously As I cant Get A balanced Kosher diet. constant hunger pains, weight Loss & emotional stress hair Loss, complete mental break down caused by separation from Gods

COUNT III

Identify the third right you believe was violated and by whom:

3.1 Religious Land Use and Institutionalized Persons Act (RLUIPA)
violated by Randal cline Sgt, Bill Roberts Sgt., Tammi Dancy Chief of corrections

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2 The rule. A Prisoner Prison official can only substantially burden A Prisoners exercise of Religion if the Regulation is in Furtherance of a Compelling government interest and the restriction is the Least restrictive means of Furthering that compelling interest. Supreme court found RLUIPA constitutional in cutter v. Wilkinson, 544 US

3.3 709 (2005) the court held that facilities that ~~accept~~ Accept federal funds can not deny prisoners the necessary accommodations to engage in activities for the practice of their own Religious beliefs. (All state correctional systems Accept Federal Funding).

3.4 AS TREU In this case Kasher Tenants Dietary Law is central to Judaism. And should not be withheld as in this case by Okanogan county Jail by Tammi Denny chief of corrections JJ Bill Roberts Sgt. and Sgt. Randal cline.

3.5 This is violating I ~~N~~ their official Capacity only

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

3.5 continues pain from 2 broken teeth caused by hunger while grinding teeth, on constant pain medication heavy 500mg naproxen, malnutrition. As in unable to get a balanced Nutritious Kasher diet. weight loss, emotion stress, hair loss complete mental Break down. from Separation of God.

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

PReliminary Injunction and Permanent Injunction Granting Kosher meals to milon Havlik
Permanent Injunction to both male & female detainees who practice Judaism (Dunk has
a Female Jewish Detainee). Relief in Individual & official capacity, jointly & separately
In Amount of \$35000, for violating civil Rights & Federal statute and \$5000 for physical injury
and 20,000 for Emotional Injury. In Any combination of Relief Court sees fit)

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Dated

6/10/2022


 Plaintiff's Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

MILAN RICHARD HAVLIK, JR.,

Plaintiff,

v.

BILL ROBERTS, TAMMI DENNEY
and RANDAL CLINE,

Defendants.

NO: 2:22-CV-0096-TOR

ORDER GRANTING APPLICATION
TO PROCEED *IN FORMA PAUPERIS*
AND DIRECTING INSTITUTION TO
CALCULATE, COLLECT, AND
FORWARD PAYMENT

After review of Plaintiff's application to proceed *in forma pauperis*, IT IS

ORDERED:

(1) Plaintiff's declaration indicates he is unable to pay the full filing fee or give security for it. Accordingly, Plaintiff's application to proceed *in forma pauperis* is **GRANTED**.

(2) Based on Plaintiff's approved application to proceed *in forma pauperis*, the Court assesses an initial partial filing fee of 20 percent of the greater of (A) the average monthly deposits to the inmate's account; or (B) the average monthly

1 balance in the inmate's account for the six-month period immediately preceding the
2 filing of his complaint. *See* 28 U.S.C. § 1915(b)(1).

3 (3) The Clerk of Court is **DIRECTED** to send a copy of this Order and a
4 copy of Plaintiff's completed Acknowledgment and Authorization to **Okanogan**
5 **County Jail, Attn: Records Supervisor, 149 4th Ave North, Okanogan, WA**
6 **98840**. The agency having custody of the above-named Plaintiff shall calculate,
7 collect and forward the initial payment assessed in this Order as soon as practicable.
8 The agency shall assess, collect, and forward the remaining monthly payments of
9 the fee to the District Court until the full filing fee of \$350.00 has been paid for this
10 complaint. *See* 28 U.S.C. § 1915(b)(2). Each payment should be accompanied by
11 Plaintiff's name and the cause number for this action. Plaintiff's custodian should
12 notify the District Court in the event Plaintiff is released from incarceration or to the
13 Department of Corrections, or is transferred to another state facility.

14 **IT IS SO ORDERED.** The Clerk of Court is directed to enter this Order and
15 forward a copy to Plaintiff.

16 DATED June 1, 2022.



Thomas O. Rice
THOMAS O. RICE
United States District Judge

Document
1OKANOGAN COUNTY CORRECTIONS FACILITY
INMATE REQUEST FORM

1 INSTRUCTIONS: COMPLETE ONE FORM PER EACH REQUEST. THIS FORM IS DESIGNED TO COVER ALL REQUESTS
 2 FROM INMATES AS WELL AS APPEALS OF DECISIONS MADE REGARDING THEIR CUSTODY.

3 INMATE'S NAME HAULIK, MUAN, 119364, K
 LAST FIRST IDENT # LOCATION

4 DOB 02-14-18 CASE # _____ DATE 6/5/22 TIME 2pm

5 EXPLAIN YOUR REQUEST /PROBLEM/APPEAL IN DETAIL: Please Tell
 6 me the date my Grievance was denied for
 7 kosher diet?
 8 What Date Appeal was denied?
 9 _____
 10 _____
 11 _____

12 RECEIVED BY: NAME MA J27 DATE 06-05-22

13 ACTION TAKEN initial denial was 2-22-22
 14 Appeal to grievance on 3-17-22 Granted least restricted
 15 kosher diet

16 DATE _____ OFFICER _____
 17 6-5-22 Sgt R. J. [signature]

Document 2

Okanogan County Corrections
Grievance Screening Form

Date: 3/02/22

Inmate: Havlik, Milan #119364

Booking J22-000096

YOUR Grievance is being returned to you because: (see line checked below)

- ☐ #1. The action or decision being grieved is not a grievable issue.
- ☐ #2. The grievance is not within the Jail's control.
- ☐ #3. The issue grieved was not first addressed informally.
- ☐ #4. Repeat Grievance. The issue already grieved was addressed in an earlier complaint.
- ☐ #5. The Grievance was submitted on behalf of another Inmate.
- ☐ #6. The Grievance form was not filled out completely.
- ☐ #7. The Grievance was not filed within 30 Days of the problem.
- ☐ #8. The Grievance is factually incredible or clearly devoid of merit.
- ☐ #9. What specific relief sought is not clear.

If you have evidence to show that this screening decision is incorrect, you may appeal the decision to the Sheriff in writing. The appeal must be attached to your grievance.

Signature of Sergeant

Date of Review

Signature of Corrections Chief Denney

3/02/22

Date of Review

Copy to Inmate / Copy to Inmate's File / Copy to Captain

1
2
3
4
5
6
7
8
9
10
Mr. Havlik this response is in reference to grievance dated 2/25/22 @ 7pm. We have no problem accommodating those requesting a proven dietary restriction, with that said the questions you were asked by Sergeant Cline are some of the questions we ask so we can validate the request. You've been in custody since 02/09/21 and mentioned nothing about a special diet at the time of booking then 10 days later you request a special diet, your answer to the question of when was the last time you practiced your religion... you stated in 2015 while in Milton Corrections, Florida. If you would like to give us more information on which facility you were in, we will look further into getting confirmation that you were on a Kosher diet. You can address a kite or letter to myself with the information on it or or give it to a sergeant and we will address. As for the statement about Sergeant Cline not having a mask on, it has been addressed.

